

Blending PACU Workflow by Merging Phase 1 and 2

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Introduction: The Shapiro Outpatient (PACU) utilizes a two-step recovery process which provides acute post-operative care during Phase I recovery, and less acute care during Phase II recovery. Phase II focuses on patients that receive monitored anesthesia care and prepares the surgical outpatient for discharge. These spaces and staffing are independent from each other; however, staff are dual trained.

Identification of the problem: The perianesthesia nursing staff were dissatisfied with the division of assignments and workflow between the two areas. The significant number of hand-offs between the nurses in the two areas created a concern for patient care and continuity.

Purpose of the study: The purpose of the study was to see if eliminating the transfer of care from phase 1 to phase 2 and having the same nurse care for the patient from the beginning of phase 1 to discharge would improve length of stay, and nurse satisfaction.

Methods: A retrospective analysis of data was used to examine the ready to go time for 2 predominant services, colorectal and orthopedic. A pre and post nursing survey was also used to evaluate how satisfied nurses were with the change.

Results: No significant change in patient ready to go times was noted. Prior to the merger, colorectal and orthopedic patients' ready times averaged 93.4 minutes. Post-merger ready times averaged 97.1 minutes. This shows an increase of 3.7 minutes which is not clinically significant. However, staff satisfaction rose significantly. Pre-merger 51% were not satisfied with the phase 1/phase 2 workflow. Post-merger 80% were very satisfied with the new workflow.

Discussion: The merger was looking to improve working relationships, obtain more balanced assignments, improve patient care, and decrease patient length of stay. Post survey 80% of staff were satisfied with the new blended workflow.

Conclusion: When reviewing the data, it is noted that the post-merger ready-to-go time was 3.7 minutes longer than before the merger. This can be equated to a change in our BILH network. When pre-merger auditing was done cases allowing for faster turnover for orthopedics and colorectal surgery were still being performed in the Shapiro OR and recovering in our PACU. During the merger, many of the shorter case and lower acuity patients were transitioned off site to a new surgery center opened for BIDMC surgeons. This allowed more OR time for more complex surgeries. We believe this is the reason for the slight uptick in length of stay. Although the patient's length of stay did not significantly change, the nursing survey shows consistency in nursing care, job satisfaction, and more balanced assignments enhances workflow on the unit.

Implications: When staff feel heard and are happy in their jobs, they are more productive, more likely to provide quality care, and working relationships improve.